

# MOAB CANYONS ENDURANCE RIDE WAIVER CONTRACT:

I have entered the Moab Canyons Endurance Ride and agree to ride by all their rules, as well as those of the AERC. I understand that endurance riding is a hazardous activity, which often involves being in remote areas far from medical aid. I understand that I am riding the event at MY OWN RISK, and will assume FULL RESPONSIBILITY for my safety. Since the Moab Canyons Endurance Ride Committee has done everything possible to make this a good, fun safe ride; I promise to be a good sport.

I acknowledge the fact that, while I am on my own, my horse is under veterinary supervision, and I agree to abide by the veterinarian's decisions, as at this ride the veterinarian's word is FINAL! I will not argue, debate or dispute the vet's instructions. I take full responsibility for the payment of any vet bill if my horse is in need of treatment. I do understand that abuse of the horse is strictly forbidden.

In addition, I and my heirs, executor, and administrator, will hold AERC and officers thereof, any member of the Moab Canyons Endurance Ride Committee and officers thereof, Bureau of Land Management, and all property owners/tenants whose land I ride/walk over, absolutely BLAMELESS for any injury or loss to myself or my horse which occurs due to my participation, and fee them from all liability for such injury or loss. In short, I nor anyone associated with me or by business, WILL NOT SUE the Moab Canyons Endurance Ride Management, their personnel, landowners, or tenants FOR ANY REASON OF ANY KIND!  
RIDE MANAGEMENT RESERVES THE RIGHT TO REFUSE ENTRY TO ANYONE.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_, 2008

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_, 2008  
(For any rider under the age of 18)

VERIFICATION OF AERC MEMBERSHIP WILL BE REQUIRED:  
\*\*\*\*SIGN MEDICAL & LEGAL RELEASE ON OTHER SIDE.\*\*\*\*

## MOAB CANYONS ENDURANCE RIDE: 50/25 - MEDICAL & LEGAL RELEASE

**READ Carefully, this pertains to you. Ask if you have questions!!!  
This is a legal document**

As a participant in the Moab Canyons Endurance Ride, I understand that my safety and the safety of other participants and workers are dependent upon my own ability and judgment. I understand that endurance riding involves riding on or near pavement, sometimes in traffic, being in the mountains and or desert for long periods, out of communication, in strange places, and possibly under adverse weather conditions. I further understand that judgment, could result in injury to myself or my horse. I understand that professional medical attention is not available on the trail, and that considerable delays are likely to be encountered in rescue and treatment of injured riders and their horses. I understand that horseback riding involves some risk and I ride at my own risk. I agree to take full responsibility for my safety and well being, for my horse's safety and well being, and for the safety of all other participants and their animals. Furthermore, I agree not to hold the Bureau of Land Management, State Lands of Utah, officers of the ride, workers, or land owners (county or private) whose property we may cross responsible for losses or injuries that I might suffer in, or in connection with the ride. My family is aware that I am participating in this occasionally dangerous sport.

I agree to obey the rules of the AERC and the rules of the Moab Canyons Endurance Ride.

I give consent for medical treatment for myself if I am unable to give informed consent. The consent I give includes any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by and rendered under the general supervision of a physician or surgeon, if I am unable to give informed consent. I agree that neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under this authority granted by me. I agree to give consent for medical treatment of any junior or minor participant in the ride, if I have signed as Parent/Guardian of that junior or minor and I am unable to give informed consent for that treatment. This consent for junior/minor signed for below includes the entire medical treatment and release of financial responsibility outlined above.

I have read, understand, and agree with the conditions of this release.

Signature of Rider: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor (if applicable): \_\_\_\_\_ Date \_\_\_\_\_